

**DEPARTMENT OF GENERAL ADMINISTRATION
DIVISION OF REAL ESTATE SERVICES**

SPACE REQUEST



REQUESTING AGENCY _____

UNIT TO OCCUPY SPACE _____

CITY _____

DATE _____

Space Request No. _____ (From RES)

PLEASE NOTE: In compliance with the certification that funds are available (page 2 of 6), and in the event your agency cancels services provided by the Division of Real Estate Services and the Division has invested significant time on this project; your agency may be charged for the work at the appropriate reimbursable rate.



STATE OF WASHINGTON
SPACE REQUEST

STATEMENT OF JUSTIFICATION

(ADDED STAFF, PRESENT FACILITIES INADEQUATE, LEASE EXPIRATION, NEW UNIT ACTIVATED, ETC.):

ALTERNATIVES CONSIDERED BEFORE REQUESTING NEW SPACE AND REASONS FOR REJECTION



STATE OF WASHINGTON
SPACE REQUEST

(PLEASE TYPE OR PRINT)

OFFICE USE ONLY

DATE OF REQUEST

**DATE OCCUPANCY OR
ACTION NEEDED**

SPACE REQUEST NUMBER

REQUESTING AGENCY

PERSON TO CONTACT

AGENCY UNIT TO OCCUPY REQUESTED SPACE

TELEPHONE NO.

PRESENT ADDRESS

I CERTIFY THAT THE REQUESTED SPACE IS NECESSARY AND FUNDS ARE AVAILABLE TO IMPLEMENT THIS REQUEST AND THAT ALL INFORMATION IS ACCURATE.

TYPE NAME

TYPE TITLE

AUTHORIZED SIGNATURE (requesting agency) AGENCY HEAD OR DESIGNEE

ACTION REQUESTED

- ☐ EXTEND LEASE # _____
☐ MODIFY LEASE # _____
☐ RENEW LEASE # _____

- ☐ LEASE NEW SPACE *
☐ TERMINATE EXISTING LEASE # _____
☐ LEASE OF STATE-OWNED PROPERTY
☐ OTHERS (describe on reverse side)

EXERCISE OPTION FOR:

- ☐ ADDITIONAL TERM
☐ ADDITIONAL SPACE
☐ PURCHASE

* NEW SPACE INCLUDES ANY SPACE NOT SPECIFICALLY INCLUDED IN A CURRENT LEASE HELD BY THE REQUESTING AGENCY.

FOR

- ☐ SAME SPACE ☐ DIFFERENT SPACE ☐ ADDITIONAL SPACE ☐ OTHER (Describe)

TYPE OF SPACE

- ☐ OFFICE ☐ LABORATORY ☐ WAREHOUSE ☐ STORAGE ☐ LAND ☐ BOAT MOORAGE
☐ OTHER (Specify)

(COMPLETION OF PAGES 3-6 REQUIRED FOR OFFICE SPACE OR LABORATORIES ONLY)

LOCATION DESIRED:

CITY

COUNTY

SPECIAL LOCATION FACTORS: _____

AGENCY OPERATIONS: WILL AGENCY OPERATIONS (1) INCREASE LESSOR'S NORMAL OPERATING COST AND OR (2) EXTEND BEYOND NORMAL BUSINESS HOURS?

☐ YES ☐ NO (Explain) _____

FEATURES DESIRED: (Leased Space Only)

LEASE TERM _____ YEARS, STARTING _____, _____ AND ENDING _____,

FIRM TERM _____ YEARS, CANCELLABLE AFTER _____, _____ ON _____ DAYS PRIOR NOTICE

- ☐ OPTION PROVIDING _____
☐ OTHER (Specify) _____

RENT TO INCLUDE:

- ☐ JANITORIAL SERVICES AND ALL UTILITIES IN STD LEASE FORM EXCEPT
☐ ALL ALTERATIONS NADA TENANT IMPROVEMENTS
☐ _____ PARKING SPACES



STATE OF WASHINGTON
PRESENT OCCUPANCY STATUS OF SUBJECT AGENCY UNIT:

SPACE REQUEST

NOW HOUSED:

☐ IN STATE-OWNED BLDG

☐ IN LEASED SPACE

☐ NOT HOUSED

☐ OTHER (Describe)

PRESENT LEASE NO. _____

PRESENT RENTAL AMOUNT \$ _____ MONTH

EXPIRATION DATE OF PRESENT LEASE _____,

PRESENT LEASE CANCELLABLE AFTER _____, _____, ON _____ DAYS PRIOR NOTICE

PRESENT LEASE OPTIONS PERMIT ☐ EXTENDING TERM TO _____,

☐ ADDING _____ SQ. FT. SPACE AFTER _____, _____ ON _____ DAYS NOTICE

SPACE PLANNING DATA SHEET

| | | |
|---------------------------|--|----------------------|
| | | FOR OFFICE USE ONLY |
| | | DATE |
| NAME OF REQUESTING AGENCY | | TELEPHONE |
| CONTACT PERSON | | SPACE REQUEST NUMBER |

| | | |
|--------------------------------------|---------------------|--|
| OFFICE/WORKSTATION SPACE ALLOCATIONS | NUMBER OF PERSONNEL | |
|--------------------------------------|---------------------|--|

| CLASS CODE | CLASSIFICATION TITLE | SPACE CODE | PRESENT | * YEAR | * YEAR | STANDARD NET SQ. FT. | ALLOWABLE NET SQ. FT. |
|---------------------------------|----------------------|------------|------------------------------------------------------------------------|--------|--------|----------------------|-----------------------|
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| TOTAL AUTHORIZED PERSONNEL | | | | | A. | | |
| TOTAL OFFICE WORKSTATION AREA | | | 10% Private Offices/90% Open Space | | | | B. |
| AVERAGE SQ. FT. PER WORKSTATION | | | Divide total "B" by total "A" (Standard Allowance is 80-90 sq. ft.) | | | | |

* NO. YEARS PROJECTED GROWTH

OFFICE SUPPORT AREAS

Reception/Conference

| RECEPTION AREAS/ROOMS | SPACE CODE | ALLOWABLE SQ. FT. | QUANTITY PRESENT | QUANTITY * | SQUARE FEET |
|-----------------------|------------|-------------------|------------------|------------|-------------|
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USUAL ALLOWANCE IS 3.3 sf X TOTAL 'A' = ____SF

TOTAL RECEPTION AREAS

| CONFERENCE AREAS/ROOMS | SPACE CODE | ALLOWABLE SQ. FT. | QUANTITY PRESENT | QUANTITY * | SQUARE FEET |
|------------------------|------------|-------------------|------------------|------------|-------------|
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USUAL ALLOWANCE IS 8.7 sf X TOTAL "A" = ____SF

TOTAL CONFERENCE AREAS

* 5-Year Projection

Equipment and Furnishings

NOTE: Attach additional sheets, if needed.

SPECIAL AREAS/ROOMS

| SPECIAL AREAS/ROOMS (i.e., Labs, Classrooms, Etc.) Provide description and justification for each. | SIZE WIDTH X DEPTH | QUANTITY | SQUARE FEET |
|--------------------------------------------------------------------------------------------------------------|-------------------------------------|-----------------|------------------------------|
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SPECIAL REQUIREMENTS: ☐ EXTRA STRENGTH FLOORS
☐ SECURITY SYSTEM
☐ OTHER

| | | |
|--|------------------------------------------------------|--|
| | A. TOTAL SPECIAL AREAS/ROOMS | |
| | B. TOTAL ALL OFFICE SUPPORT AREAS (page 5) | |
| | C. TOTAL OFFICE/WORKSTATION AREA (page 3, total 'B') | |
| | D. TOTAL WORK SPACE AREA (Add Lines A & B & C) | |
| | E. TOTAL INTERNAL CIRCULATION (Add 25% of Line D) | |
| | F. ASSIGNABLE SPACE REQUIRED (Add Lines D & E) | |
| | G. NON-ASSIGNABLE COMMON AREAS (20% of Line F) | |
| | H. TOTAL GROSS/RENTABLE AREA (Add Lines F & G) | |

TOTAL ASSIGNABLE SQ. FT. PER PERSON: Divide Line F by Total 'A' from page 3
(Standard Allowance is 156-209 sq. ft.)

MISCELLANEOUS REQUIREMENTS:

| | |
|-----------------------|--------------|
| PARKING SPACES | STATE CARS |
| | OTHER |
| | TOTAL |

OTHER

INSTRUCTIONS FOR COMPLETING GENA-1253 SPACE REQUEST

INSTRUCTIONS FOR PAGE 1 OF 6

Statement of Justification: The requesting agency must justify why it is necessary for the state to secure additional leased space. The justification may include additional agency programs, growth

or other factors causing the increase in leased space for the requesting agency. The information provided in this space will determine if the request is processed or returned for further justification.

Alternatives Considered Before Requesting New Space and Reasons for Rejection: The requesting agency must explain how this request compares to utilizing already existing state-owned or leased space. In addition, this request should be discussed in comparison to know future needs and why consolidation or collocation should not be considered and how this request relates to space requests already pending in the Department of General Administration.

INSTRUCTIONS FOR PAGE 2 OF 6

Date of Request: Date Space Request Form was sent to the Division of Real Estate Services Group from the client agency.

Date Occupancy or Action Needed: Required date for occupancy of space acquired by client agency.

Requesting Agency: The client agency that is making the request.

Person to Contact: **The client agency's single point of contact.**

Agency Unit to Occupy Requested Space: **The specific unit, bureau, division, office or agency that will occupy the space requested and for whom the space will be designed.**

Telephone Number: The phone number of the client agency's single point of contact.

Present Address: Present address of the unit, bureau, division, office or agency that is requesting the space.

Financial Certification Statement: Agency head or designee must certify that the agency has sufficient funds to implement the request before the Department of General Administration processes any requests.

Action Requested: Client agency requests a specific action to extend current lease, to modify current lease, to renew current lease, to lease new space, to terminate existing lease, to lease state-owned property; to exercise land options, such as requesting additional term of land option; to request additional acres; to purchase land for lease development; and other. In the "FOR" block check the type of space needed for the action requested.

Type of Space: Specify type of space requested. Note that completion of pages 3 through 6 are required for office space and laboratories only.

Location Desired: Do not specify a facility or piece of property. This will be accomplished through the Division of Real Estate Services Group's real estate process. Instead, indicate a desired city, county, or location within a jurisdiction, i.e. east Seattle, a particular area defined by street boundaries, special location factors such as access to public transportation, proximity to a county court house, etc.

Agency Operations: Will operations require more than normal building operating costs; does the agency work beyond normal operating hours 8:00 AM to 5:00 PM? This information is needed for building owners.

Features Desired: Indicate length of lease term (1 year, 2 years, 5 years), starting date, ending date, firm term of lease or include a cancellation clause. Indicate any options and what they should provide. Indicate other lease provisions you require. Tell us if the rent should include janitorial services and all utilities in the standard lease and indicate exceptions. Indicate if the rent should include alterations and tenant improvements. How many parking spaces are needed?

Present Occupancy Status of Subject Agency Unit: Indicate the present occupancy status of your agency's unit now and the specific location and the status terms and options of the present lease at that location.

INSTRUCTIONS FOR PAGE 3 OF 6

Date: Date form completed.

Name of Requesting Agency: Self-explanatory.

Contact Person: Person who completed square footage analysis.

Office/Workstation Allocation: Complete a space analysis of all personnel, by department of Personnel classification codes and position titles, that are to occupy the new space. Include any vacant positions you reasonable expect to fill. For projected growth include only positions expected to be authorized and filled by end of that fiscal year. Do not include positions not physically located within your agency space. Do include field or seasonal positions requiring a dedicated or shared workstation. Enter the space code and square footage allocation for each position from the "Standard Office/Workstation allocations", State of Washington Space Standards Manual. For classifications where a space code has not yet been identified, complete an "Individual Workstation Survey" (GENA-1254).

Number of Personnel: Enter number of personnel in each category. In the columns marked "*" show projected staff for 2 to 5 years. Total the 5-year projection column to show the number of staff to be housed in the facility, which may be for a 5-year lease or longer if for a lease development project. Design and construction time should be considered in larger lease development projects, which take 2 years. Staff projections for those projects would normally be 7 years (2 years construction + 5 years occupancy). Multiply the "Personnel Projection" and the "Standard Square Feet Allowed" columns to arrive at the allowable square feet by position. Total the column in Category B and post to line C, page 6.

Attach a current organization chart for the personnel planned to occupy this facility; identify as attachment "I." Complete an adjacency criteria form (attachment "II") for each section to be included in this space request.

Average Square Feet Per Workstation: Divide the "Total Workstation Area" sum 'B' by the "Total Authorized Personnel" sum 'A'.

INSTRUCTIONS FOR PAGE 4 OF 6

Office Support Areas: Complete a space analysis of office support areas required by the agency using the five-year growth projection. Refer to the "Area Standards" from the "Space Standards Manual" to select the space codes and square footage allocation for each area identified.

Reception Areas/Rooms: Select the size of reception area required from the "Area Standards", based on the seating accommodations required on a daily basis in a typical situation. Do not select a requirement based on a "worst case" scenario. Total the square feet required for reception

areas. The usual allowance for reception requirements is 3.3 square feet multiplied by the number of authorized personnel. The total square feet of reception space requested should not exceed this sum unless adequate justification for additional space is provided.

Conference Areas/Rooms: Select the appropriate size and number of conference rooms from the "Area stands", again figuring the capacity of each area on average size meetings held on a regular basis. Total the square feet required for conference areas/rooms. The usual allowance for conference requirements is 8.7 square feet multiplied by the number of authorized personnel. The total square feet of conference space requested should not exceed this sum unless adequate justification for additional space is provided.

INSTRUCTIONS FOR PAGE 5 OF 6

Office Support Equipment/Areas: Identify all office support areas required by the occupying agency. Include storage and supply areas, reproduction areas, file areas, and equipment not located in individual workstations. Indicate any common area workstations in this section which are not assigned to specific personnel. Refer to the "Area Standards" for equipment/areas. The usual allowance for common equipment/areas is 36.7 square feet multiplied by the number of authorized personnel. The total square feet of space requested should not exceed this sum unless adequate justification is provided.

Total All Office Support Areas: Total the square feet requested for reception, conference (from page 4) and office support equipment/areas (page 5) and post to line B, page 6. The usual allowance for office support areas is 48.7 square feet multiplied by the number of authorized personnel. The total space requested should not exceed this sum unless adequate justification is provided.

INSTRUCTIONS FOR PAGE 6 OF 6

Special Area/Room Requirements: Identify all special areas required by occupying agency. Include laboratories, classrooms, maintenance shops or any other special space that requires either enclosure by full height walls or special treatment within the general office environment. Indicate the size and special requirements necessary for each identified space (i.e. fireproofing, climate control, lockable security, exhaust/venting, heavy floor loading, special HVAC, etc.). provide justification for each special area. Total the square feet for special areas on line A.

Total Space Requirement:

- A. Total Special Areas/Rooms
- B. Total All Office Support Areas (from page 5)
- C. Total Workstation Area (from page 3, total "B")
- D. Total Work Space Area (Add Lines A & B & C)
- E. Total Internal Circulation (Add 25% of Line D)
- F. Assignable Space Required (Add Lines D & E)
- G. Non-Assignable Areas (Add 20% OF Line F)
- H. Total Gross/Rentable Area (Add Lines F & G)

Total Assignable Square Feet Per Person: Divide the "Assignable Space Required" Line F by "Total Authorized Personnel" sum "A" from page 3.

Miscellaneous Requirements: Indicate number of parking stalls required. Advise us of any other requirements needing to be addressed.